No. **W 59383**	**Due no later than Feb 28, 2018** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MADISON LAND, LLC C/O MADISON MEMORIAL HOSPITAL 450 EAST MAIN ST REXBURG ID 83440-0310	RACHAEL GONZALES 450 E MAIN ST REXBURG ID 83440-0310 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BOARD OF TRUSTEES OF MADISON MEMORIAL HOSPITAL	450 E MAIN ST	REXBURG	ID		83440-0310

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 59383**	Signature: Shawn Bennett	Date: 01/15/2018
	Name (type or print): Shawn Bennett	Title: Accountant

Processed 01/15/2018

* Electronically provided signatures are accepted as original signatures.